

Form 2 Massachusetts Fiduciary Income Tax Return

2002

Massachusetts

Department of Revenue

Pleas	se pri	int in ink or type. Attach additional statement	ts if more space is	ne	eded.				
For the	ne ye	ear January 1-December 31, 2002 or other ta	xable year beginni	ing		and ending		<u> </u>	
Name and title of fiduciary Name of entity Mailing address of fiduciary				1	1 Check applicable boxes: First return Amended return Decedent's estate Guardianship/conservatorship Consolidated Form 2G Trustee in bankruptcy Fiscal year filer Qualified Funeral Trust Qualified Funeral Trust Final return Nongrantor-type trust (Grantor-type trust; use Form 2G) Are any nonresident beneficiaries listed on this return?				
City/Town State Zip C/o Company account number			Check applicable box if: ☐ Using whole dollar method ☐ Your name or address changed since 2001 ☐ You want to receive a Form 2 next year ☐ U.S. taxpayer number ☐ Date entity created						
	_	2 3			4 5 6 Percentage				
		Beneficiaries	Social Security number	er	Legal domicile	Total income	a Income	b Taxable	
ation									
form	7	Accumulated income				▶ 7			
ary inf		Total Remaindermen:				▶8	100%		
Beneficiary information	10	Accumulated capital gain Total				▶10 ▶11	100%		
	13 14 15	Wages, salaries, tips and other employee comp Taxable pensions and annuities Business/profession or farm income or (loss). S Rental, royalty and REMIC income or (loss). At Interest from Massachusetts banks. List Massa	See instructions for a	atta					
5.3% income	17	Total interest from Massachusetts banks Other 5.3% income (winnings, lump-sum distrib							
	I	Total other 5.3% income							
	21	'	s)		21	▶ 22	2		

PLEASE STAPLE STATE COPY OF W-2, W-2G AND 1099 (SHOWING MASS. WITHHOLDING) HERE

STAPLE CHECK HERE

		Net taxable 5.3% income (from other side). Not less than "0"		3							
Tax computation		Interest and dividend income (Schedule B, line 40)									
	25	Common trust fund interest and dividends	▶ 25								
	26	Total interest and dividend income. Add line 24 and line 25		6							
	27 Modified gross interest and dividend income. Explain if line 27 is different from line 26. See instructions ▶ 27										
			<u> </u>	_							
	28	Beneficiaries' exemptions (Form 20 ▶, Form 20A ▶). Attach form(s) 28								
	29	Net taxable interest and dividend income. Subtract line 28 from l	line 27. Not less than "0" ▶ 2 9								
		Tatalian and Assable at 5.00/. Add the c.00 and the c.00									
	30	Total income taxable at 5.3%. Add line 23 and line 29									
	31	Tax from table. If line 30 is more than \$24,000, multiply amount by									
		Taxable 12% capital gains (Schedule B, line 41)									
		Short-term common trust fund capital gains									
		3 3									
	35	$\textbf{Modified 12\% capital gains.} \ \textbf{Explain if line 35 is different from line}$	5								
				_							
	36	Beneficiaries' exemptions (Form 20 ▶, Form 20A ▶). Attach form(s) 36								
	37	Net taxable 12% capital gains. Subtract line 36 from line 35. Not le	ess than "0"	7							
	38	12% Tax. <i>Multiply line 37 by .12</i>		3							
	39	Tax on long-term capital gains (from Schedule D, line 27). Not les	ss than "0"								
	40	Tax on long-term common trust fund capital gains (from Schedu									
	41	Credit recapture: Brownfields Credit Economic Opportunity									
		Total tax. Add lines 31, 38, 39, 40 and 41									
		Credits: a. Credit for Income Taxes Paid to Other Jurisdictions (a									
		b. Lead Paint Credit	······································								
		c. Economic Opportunity Area Credit									
		d. Full Employment Credit									
		e. Brownfields Credit									
		f. Low-Income Housing Credit	►43								
	44	Tax after credits. Subtract line 43 from line 42. Not less than "0".	•	1							
		Massachusetts income tax withheld (attach all Massachusetts W-2,									
		2001 overpayment applied to your 2002 estimated tax									
	47	2002 Massachusetts estimated tax payments (do not include the an	•								
	48	Payments made with extension.									
		Payment with original return (use only if amending a return)									
	50	Total tax payments. Add lines 45 through 49									
	51	Overpayment. If line 44 is smaller than line 50, subtract line 44 from									
		Enter the result in line 51.									
		Amount of overpayment you want applied to your 2003 estimated to									
		Amount of your refund. Subtract line 52 from line 51									
	54	Balance due. If line 50 is smaller than line 44, subtract line 50 from									
		Enter the result in line 54, and pay in full with this return	▶54								
		Add to the total in line 54, if applicable: Interest ▶ \$, Penalt	v ▶ \$. M-2210 amount ▶ \$ EX	► ☐ (Attach Form M-2210)							
		Write U.S. taxpayer number on lower left corner of check and make		,							
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best									
Ξ		of my knowledge and belief it is true, correct and complete. Declaration of preparer is based on all information of which he/she has any knowledge.									
atic		<u> </u>									
payer's declaration	Fidu	iciary's signature Date Pa	aid preparer's signature and SSN or PTIN	Date							
qe	_										
r's	⊢ırm	n name (or yours, if self-employed) and address Er	mployer Identification number	Check if self-employed							
aye	Mail	Moil to: Managabusatta Danartment of Payanus DO Pay 7019 Pagtan MA 02204									
Q	iviail	ail to: Massachusetts Department of Revenue, PO Box 7018, Boston, MA 02204.									

Warning: Willful tax evasion — including underreporting income, overstating deductions or exemptions, or failing to file and otherwise evade taxes — is a felony. Conviction can result in a jail term of up to five years and/or a fine of up to \$100,000.